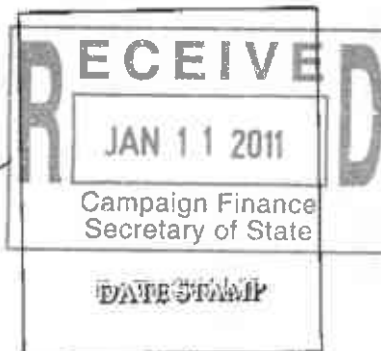


2010 ELECTION CYCLE

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

Delbert Hosemann
SECRETARY OF STATE



Name of Committee Committee to Elect William V. Sanders Circuit Court Judge
Address P.O. Drawer 416, Charleston, MS 38921
Telephone 662-647-3656 Fax 662-647-0218
Treasurer Mary Alice Sanders Email _____

☐ Check here if above is different from previous report

TYPE OF REPORT

- ____ May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010).....Mandatory
____ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory
____ July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory
____ October 8, 2010 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory
____ October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory
____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
☒ January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory
☒ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
(2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
(3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 0 + \$ 0 = \$ 0	\$ 0	\$ 20,450.00
Total amount of disbursements	\$ 220.00 + \$ 3767.60 = \$ 3987.60	\$ 3987.60	\$ 20,450.00
Total amount of cash on hand	\$		

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Mary Alice Sanders
Signature of Director or Treasurer

1-10-11
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2818.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

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Name of Candidate or Committee William R SANDERS
 Reporting period 10-23-10 through 12-31-10

ITEMIZED DISBURSEMENTS

A. Full name <u>The PANOLIAN</u>	Date (Mo., Day, Year) <u>10/27/10</u>	Amount of each disbursement this period \$ <u>220.00</u>
Mailing Address		\$
City, State, Zip Code <u>Batesville MS 38606</u>	<u>10/27/10</u>	\$
Purpose of Disbursement (Optional) <u>ADVERTISING</u>	Aggregate Year-to-date	\$ <u>1479.95</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$